

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Mutual Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. SUSAN A. POSADA

Mailing Address 82 W WINDSOR AVE

City
PHOENIX

State Zip Code
AZ 85003-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 26 / 2015

Transaction ID : 65586654

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MS. DELPHINE P SOUCIE

Mailing Address 5 GREAT MDWS

City
WEST SIMSBURY

State Zip Code
CT 06092-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS MUTUAL LIFE INS.

Occupation

AVP INVESTMENT PRODUCT CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2015

Transaction ID : 65590972

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. George G. Nolen

Mailing Address 212 CROSS RIDGE RD

City
BIRMINGHAM

State Zip Code
AL 35213-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 14 / 2015

Transaction ID : 65786801

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00